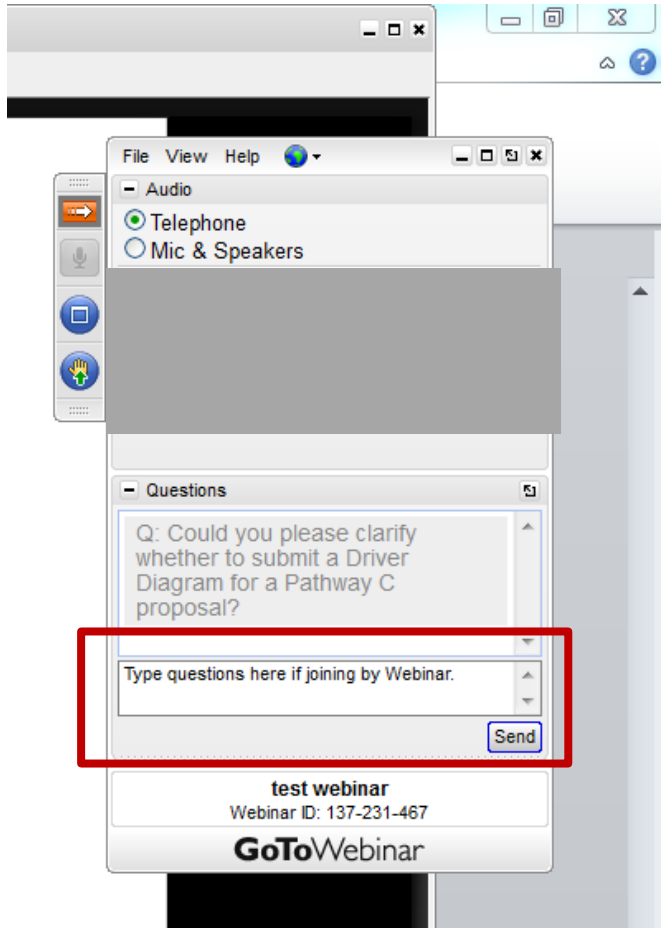
CHART Phase 2 RFP General Information Session

Health Policy Commission: CHART Program
June 25, 2014

Questions by webinar

- If joining by webinar, please type questions into the question box and HPC staff will address them



Agenda

- CHART Phase 2 RFP General Information
- CHART Background
- Phase 2 Eligibility
- Phase 2 Framework & Examples
- Phase 2 Core Activities
- Phase 2 RFP - Materials & Submission
- Phase 2 RFP - Review & Selection
- Frequently Asked Questions
- Q&A

Contact with the Health Policy Commission

- The HPC may provide clarification about information contained within the RFP and answer written questions about process, goals, and expectations sent to HPC-CHART@state.ma.us
- The HPC cannot provide initiative-specific guidance during this competitive application process
- Eligible applicants cannot call or directly email any HPC staff member or Commissioner regarding CHART Phase 2 during this competitive application process
- Phase 1 calls and dialogue will continue as normal

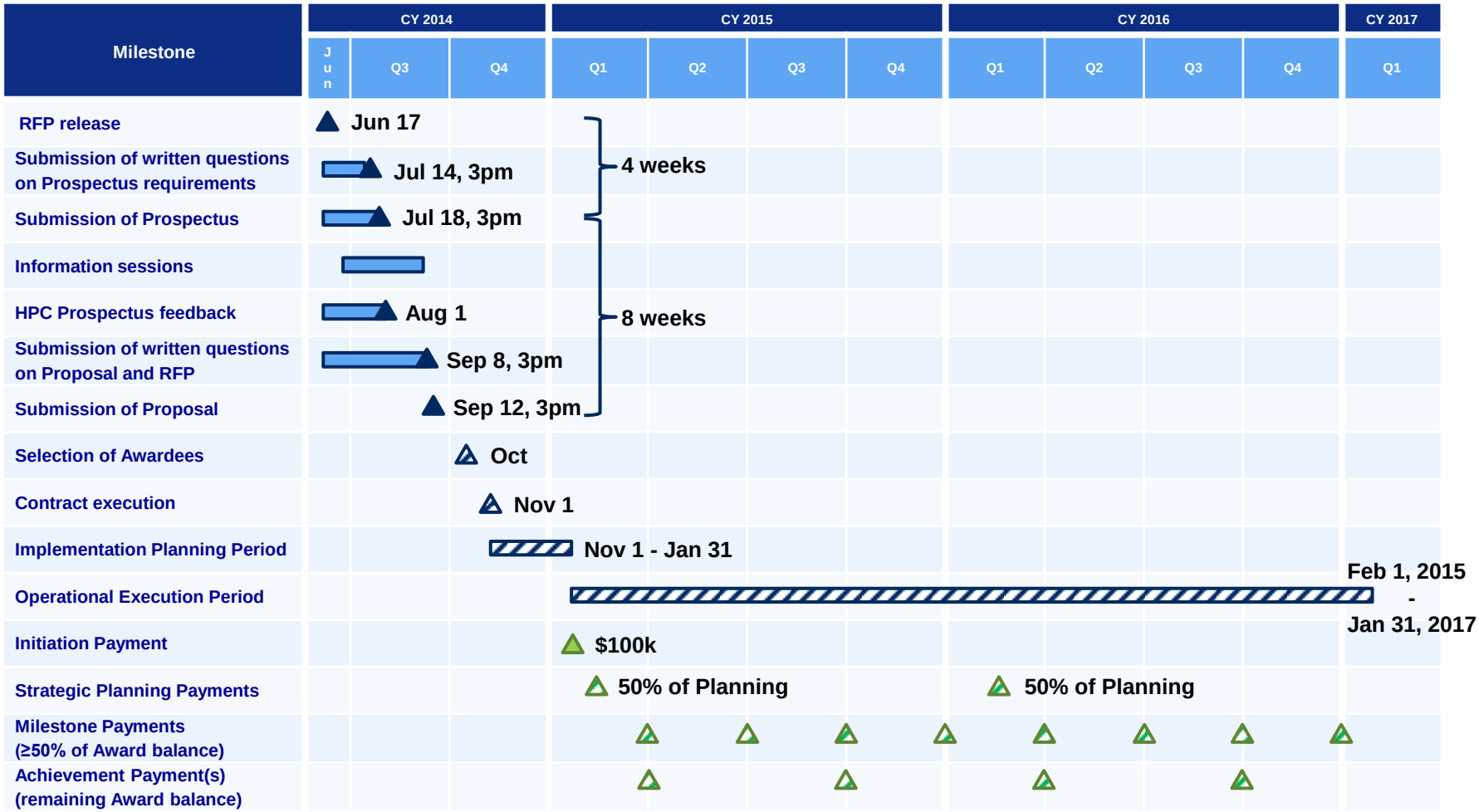
"Qualified Acute Hospitals (CHART Hospitals), or any agent(s) working on their behalf, are prohibited from communicating directly with any HPC Commissioners or Staff regarding this RFP except as specified in **Section VI.C**... No other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFP. Any unauthorized communication or contact may result in immediate ineligibility of a CHART Hospital at the sole discretion of the HPC."

HPC-CHART-002 RFP, Section V.B, "**Contact of Qualified Acute Hospitals with Health Policy Commission"**

Information Session key takeaways

- The following presentation is a summary describing and clarifying the CHART Phase 2 RFP
- CHART Hospitals must propose work targeting one or more Primary Aims:
  - Maximize appropriate hospital use
  - Enhance behavioral health care
  - Improve hospital-wide (or system-wide) processes to reduce waste and improve quality and safety
- CHART Hospitals may submit one Joint-Hospital Proposal and/or one Hospital-Specific Proposal
- The HPC is offering a series of optional, topic-specific webinars which may assist in idea generation and proposal development
- The HPC will accept written questions sent to HPC-CHART@state.ma.us about the Prospectus up to [Monday, July 14 at 3:00PM] and about the Proposal up to [Monday, September 8, at 3:00PM.] Responses will be posted to www.mass.gov/hpc/chart **in a timely manner**

CHART Phase 2 timeline



Program Milestone | Payment Milestone

- Indicates firm deadline
- Indicates tentative deadline
- Indicates firm timeframe
- Indicates tentative timeframe

Information Sessions

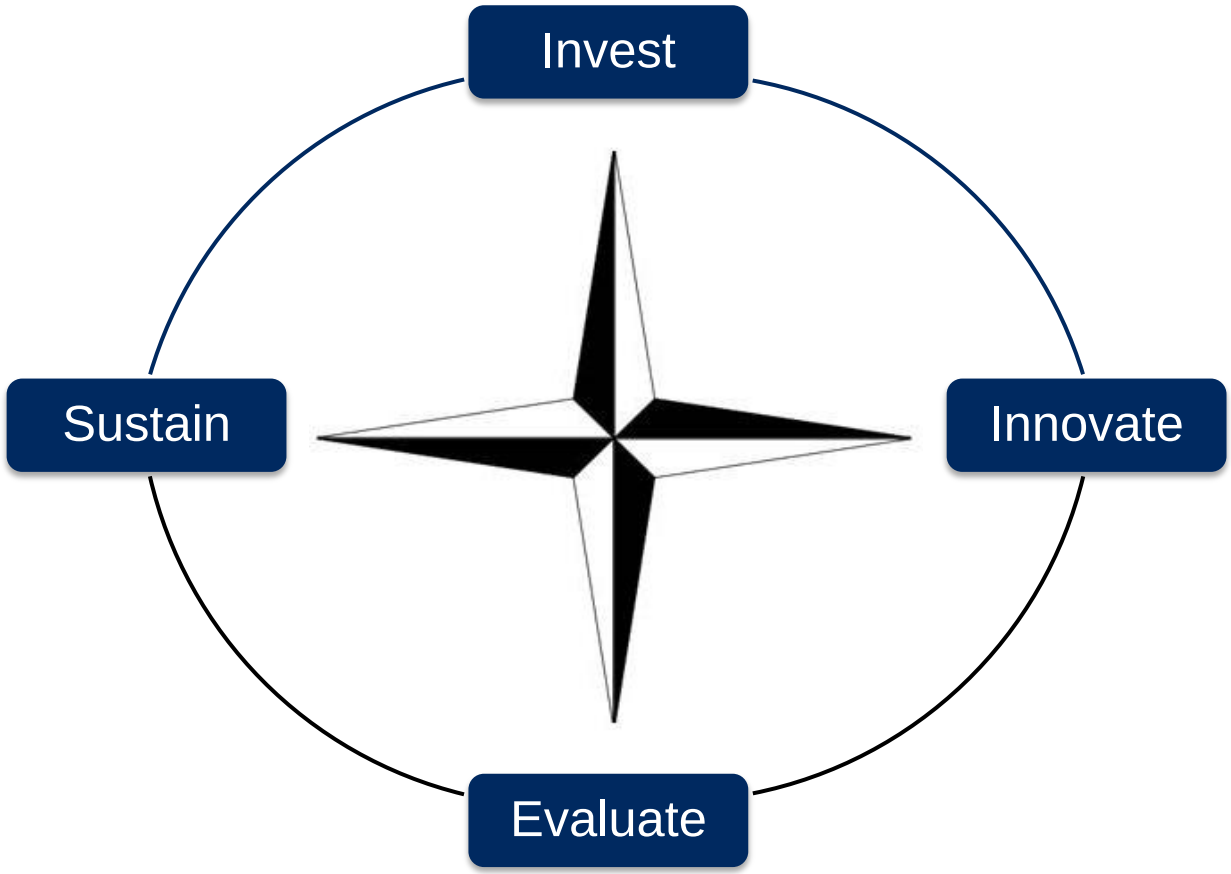
	Session Topic	Presenter
June 25 9:30 – 11:00AM	Phase 2 RFP: General Information	Health Policy Commission
June 30 2:00 – 3:00PM	General Principles and Approaches to Large Scale Improvement: How to Begin	Cynosure Health
July 9 10:00-11:00AM	Substance Use Disorder Treatment: Innovative Ideas for Hospitals	Bailit Health Purchasing (On behalf of DPH BSAS)
July 10 1:30 – 3:00PM	Phase 2 RFP: General Information	Health Policy Commission
July 24 2:00 – 3:00PM	Advancing Large Scale Improvement: What to Do and When to Do It	Cynosure Health
July 31 3:00 – 4:00PM	Mass HIway: Use Cases, Workflow Implications, Best Practices	Massachusetts e-Health Institute
August 5 1:00 – 2:00PM	How to Complete the CHART Phase 2 Impact Estimator Template	Collaborative Healthcare Strategies
August 19 12:00 – 1:00PM	Mass HIway: Technical Requirements and Implementation Approaches	EOHHS Information Technology Group
August 20 2:00 – 3:00PM	Supporting Large Scale Improvement: Measuring Your Progress	Cynosure Health

Additional details about Information Sessions and webinars, including registration links and all summary materials, will be posted at http://www.mass.gov/hpc/CHART.

CHART Background

Community Hospital Acceleration, Revitalization, and Transformation

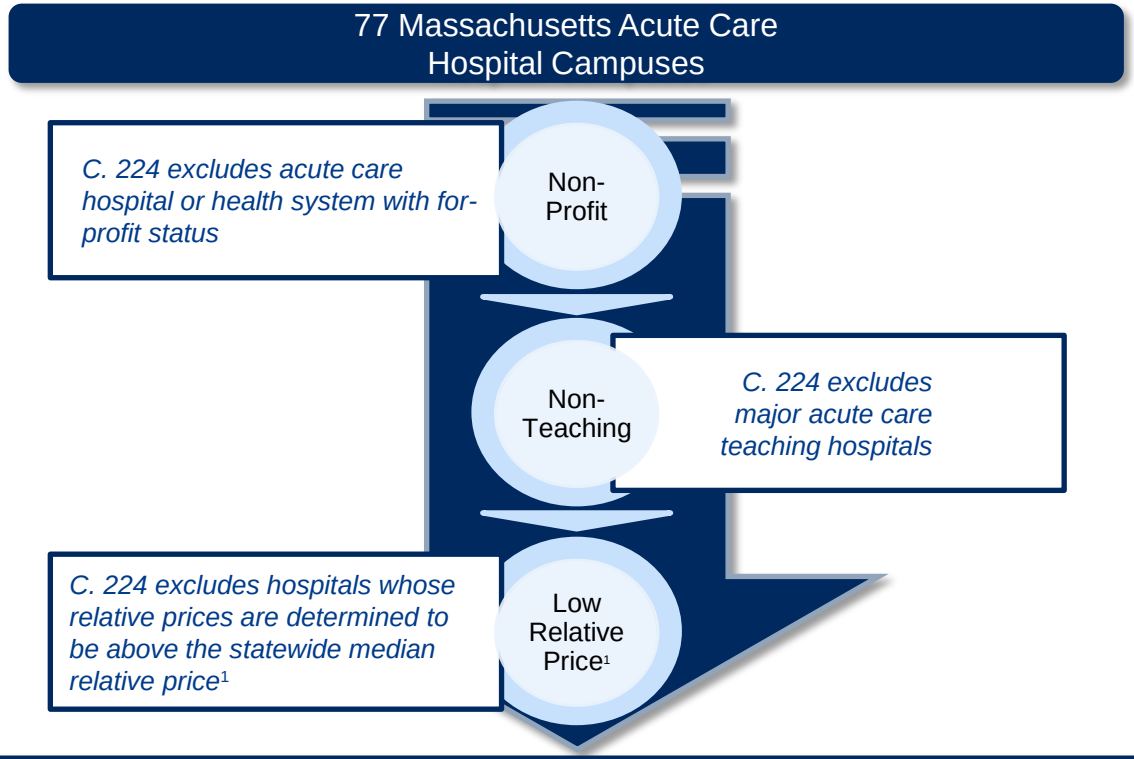
Charting a course for the right care at the right time in the right place



Key design elements for CHART Phase 2

1	**Size of total opportunity**	• **$60 million** total opportunity • Tiered, multi-year opportunities with awards stratified across hospitals
2	**Structure & caps**	• Hospital award cap of **$6M/2 years** tied to factors such as **financial / patient impact, hospital financial status,** and **community need**
3	**Specificity of initiative focus**	• **3 outcome-oriented project domains; behavioral health emphasized** • Required technology innovation and targeted strategic planning efforts
4	**Funding model(s)**	• **Initiation payment ($100K);** ongoing base payments for **milestones (at least 50%);** bonus payments for **achievement (up to 50%); required system contribution** where pertinent
5	**Ensuring accountability**	• **Standardized metrics** and streamlined reporting framework; strong continuation of **leadership/management/culture** development focus
6	**Leveraging partnerships**	• Appropriate **Community Partnerships** required (e.g., SNFs, CBOs, providers, etc.); **Joint Hospital Proposals** strongly encouraged
7	**Requisite Activities**	• All awardees must engage in a series of **participation requirements** (joining Mass HIway, participating in TA, evaluation, etc.)

CHART Phase 2 Hospital Eligibility as determined by Chapter 224 of the Acts of 2012



Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
BID - Milton
BID - Needham
BID - Plymouth
Circle Health - Lowell General Hospital
Emerson Hospital
Hallmark Health - Lawrence Memorial Hospital
Hallmark Health - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Heywood Hospital
Holyoke Medical Center
Lahey Health - Addison Gilbert Hospital
Lahey Health - Beverly Hospital
Lawrence General Hospital
Mercy Medical Center
Milford Regional Medical Center
New England Baptist Hospital
Noble Hospital
Shriners Hospital - Boston
Signature Healthcare Brockton Hospital
Southcoast - Charlton Memorial Hospital
Southcoast - St. Luke's Hospital
Southcoast - Tobey Hospital
UMass - HealthAlliance Hospital
UMass - Marlborough Hospital
UMass - Wing Hospital
Winchester Hospital

[1] A weighted average of relative prices (by payer mix) was calculated using 2011 and 2012 data from the Center for Health Information and Analysis for all commercial payers, Medicare Advantage, and all MMCOs. This eligibility list is valid for Phase 2 only.
[2] Eligibility is subject to change at the sole discretion of the HPC

Phase 2 Eligibility – Changes during the Period of Performance

Implications of eligibility factors that may change during period of performance (Examples only)

- ***Scenario:*** Eligible hospital is acquired by or joins a for-profit system
  - *HPC action:* Varied by facts of a given scenario; consider claw-back authority to require repayment by acquiring organization
- ***Scenario:*** Eligible hospital is acquired by or joins a non-profit system
  - *HPC action:* Varied by financial status of system, considered opportunities for requisite contribution/matching funds by acquiring system; HPC retains discretion to amend or terminate award
- ***Scenario:*** Eligible hospital moves out of eligibility cohort due to shift in relative price
  - *HPC action:* Varied by facts of a given scenario; depending on the nature and level of RP shift, the HPC may allow continuation of award but retains discretion to amend or terminate award
- ***Scenario*:** Eligible hospital becomes a major teaching hospital
  - *HPC action:* Varied by facts of a given scenario; depending on the nature of the change, the HPC may allow continuation of award but holds discretion to amend or terminate award

Source: HPC-CHART-002, Section II.D, pp. 19

In Phase 2, hospitals propose mechanisms to meet specified aims, with the overarching goal to drive transformation toward accountable care

CHART Phase 2: Driving transformation to accountable care

Support sustainability of outcomes-based aims

Enhance impact of outcome-based aims

Outcome-based primary aims

Each proposal chooses one or more

Primary Aim 1: Maximize Appropriate Hospital Use	Primary Aim 2: Enhance Behavioral Health Care	Primary Aim 3: Improve Hospital-Wide (or System-Wide) Processes to Reduce Waste and Improve Quality and Safety
Maximize appropriate use of community hospitals through strategies that retain appropriate volume (e.g., reduction of outmigration to tertiary care facilities), reduce avoidable use of hospitals (e.g., PHM, ED use and readmission reduction, etc.), and right-size hospital capacity (e.g., reconfiguration or closure of services)	Improve care for patients with behavioral health needs (both mental health and substance use disorders) in communities served by CHART hospitals, including both hospital and community-based initiatives	Reduce hospital costs and improve reliability through approaches that maximize efficiency as well as those that enhance safety and harm reduction

Enabling Technologies/Mass HIway

Connected Health	Maximize use of Enabling Technologies, including innovative application of lightweight tools to promote efficient, interconnected health care delivery

Strategic Planning

Strategic Planning	Empower CHART hospitals to engage in long term planning initiatives to facilitate transformation of community hospitals to meet evolving community needs; enhance efforts to sustain CHART Phase 2 activities

Example 1: Hospital combines programs to reduce readmissions and preventable harm

The following proposal example addresses two of the three Primary Aims through a single, integrated initiative, and could be a Hospital-Specific or a Joint Hospital proposal

A

Community Need: Frequent readmissions for patients discharged to SNF indicate a need for improved care transitions, broad quality improvement, and targeted care coordination

Target Population: Patients discharged to the six highest volume SNFs in the community

Intervention: Implement the IMPACT toolkit in community SNFs; implement warm hand-off between the hospital and SNF; establish weekly case conferences between SNFs and the hospital; implement multidisciplinary team rounds and care coordination; improved discharge planning; establish targeted high risk care team; increased home health visits and in-person medication reconciliation

Outcome: 1) 30% reduction in readmissions among patients discharged to SNFs; 2) 100 bed day reduction in readmits from SNFs

B

- Utilize an open-source, bi-directional, vendor-neutral electronic referral program that enables electronic community-clinical linkages between hospitals and community elder services agencies to prevent falls
- Establish IT conferencing platform for real-time communication and coordination between hospital and SNFs, including real time admission, discharge, and transfer feeds

C

- Strategic planning initiative focused on right-sizing hospital capacity by reducing beds over the next 10 years
- Engage in strategic redesign to investigate need/opportunity for diversification into home health agencies, VNAs, and other home-based care by more cost-effective personnel

Common activities

(All hospitals must complete)

Awardees must complete a common set of requisite activities, supporting many domains of transformation, including, e.g.:

- Operational Key Performance Indicator (KPI) Benchmarking
- Mass HIway connection and use
- Deep engagement in Executive Leadership Academy, management practice and culture-oriented activities, and potential learning collaboratives

Example

Example 2: Hospital implements multi-pronged approach to improve cross-setting behavioral health care in the community

The following proposal example addresses all three Primary Aims through a single, integrated initiative, and could be a Hospital-Specific or a Joint Hospital proposal

A

Community Need: Underdiagnosed behavioral health needs in the community and fragmented care due to a lack of cross-setting care transitions and coordination amongst community care organizations

Target Population: Patients diagnosed or newly identified with mental health, substance abuse, or other sentinel issues of social complexity

Intervention: Emergency department (ED)-based interventions, including co-locating behavioral health case managers in emergency department and introducing Patient Safety Assistants to the floor; enhanced Inpatient Nursing strategies; implementing multidisciplinary team rounds and care coordination

Outcome: 1) Reduce mean time from decision to admit to placement in hospital bed by 50% for patients with BH needs; 2) 50% reduction of patient restraint use in ED; 3) reduce unnecessary frequent ED use by highest utilizing patients

B

- Cloud-based integrated care plans durable across all community care partners
- Real-time communication channels across community care partners for coordination of care and transition information
- Telepsychiatry pilot in collaboration with other CHART Phase 2 hospitals

C

- Strategic planning initiative focused on right-sizing hospital capacity by reducing beds over the next 10 years
- Assess the business value of regionalizing BH services with other CHART Phase 2 hospitals to create a group purchasing collective agreement

Common activities

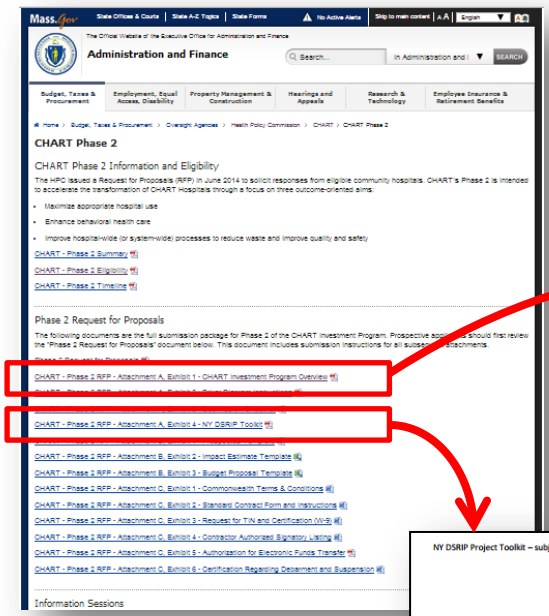
(All hospitals must complete)

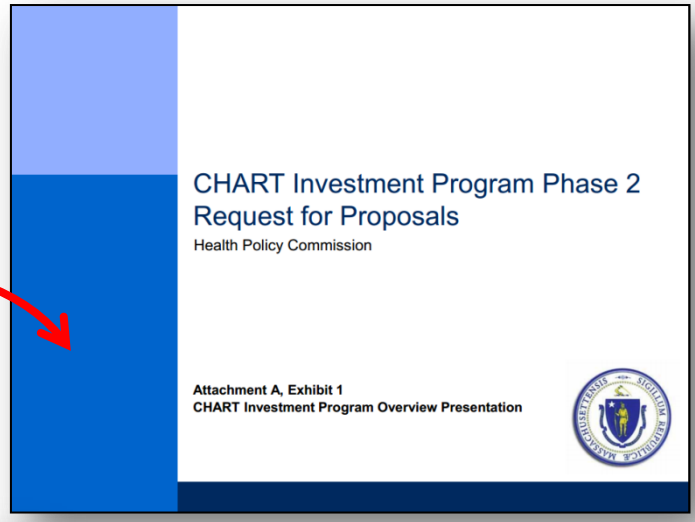
Awardees must complete a common set of requisite activities, supporting many domains of transformation, including, e.g.:

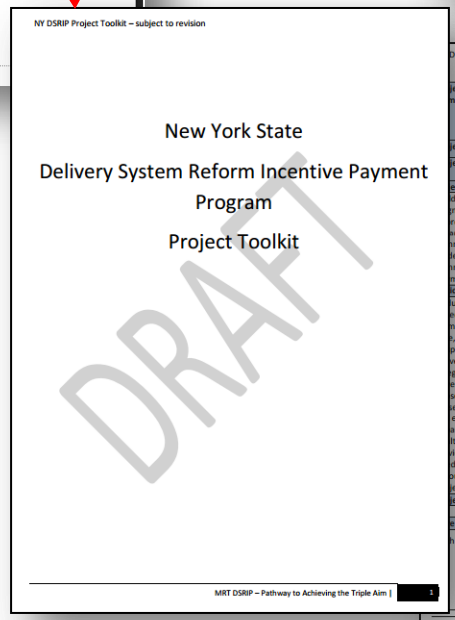
- Operational Key Performance Indicator (KPI) Benchmarking
- Mass HIway connection and use
- Deep engagement in Executive Leadership Academy, management practice and culture-oriented activities, and potential learning collaboratives

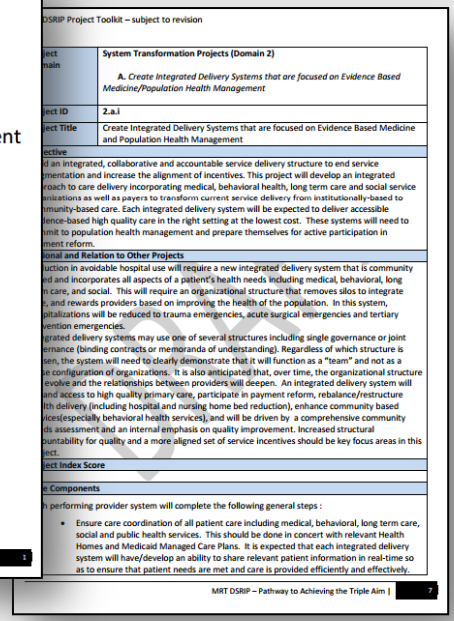
Example

CHART Phase 2 RFP Materials – CHART Investment Program Overview









Attachment A, Exhibits 1 & 4

- Additional background and project examples can be found on the HPC's CHART Phase 2 RFP webpage

Source: http://www.mass.gov/hpc/chart

The RFP includes examples of potentially out of scope Phase 2 initiatives

Some initiatives that were funded in CHART Phase 1 may be out of scope for Phase 2

In scope for Phase 1:	Likely out-of-scope for Phase 2	Likely in-scope for Phase 2
Significant stand-alone IT initiatives	• **Example**: A large system-wide EHR implementation. While important to the CHART Hospital, this is insufficiently transformative to be funded through Phase 2 CHART. • **Example**: An initiative to upgrade to ICD-10.	• **Example:** Implementation of a smaller EHR module to support care transitions.
Training without implementation of work using trained competencies	• **Example:** Lean training without implementation of learned skills within the period of performance	• **Example:** Lean training for a cohort of staff who would use acquired skills to implement process improvement initiatives as a core element of Phase 2
Payer specific initiatives (e.g. Medicare only, Medicaid only)	• **Example:** A readmissions initiative aiming to prevent readmissions for CHF, pneumonia, and AMI for only Medicare patients, is out of scope. With limited exceptions (e.g., driven by a hospital's payer mix or a special population) the HPC is interested in all-payer approaches to transformation.	• **Example:** Project focusing mainly on one payer due to hospital's payer mix
Bricks and mortar/capital projects	• **Example**: Operating Room upgrades may be valuable for a community, but are not in scope for CHART Phase 2 funding.	• **Example:** Initiatives within the context of a large repurposing of hospital services or capacity for a community-oriented purpose

Example

ILLUSTRATIVE DIAGRAM: ***PROPORTION OF PROJECTS IN AND OUT OF SCOPE NOT TO SCALE***

Community Partnerships will be a strong emphasis of all Phase 2 initiatives

Substantial selection preference will be given to applicants that partner with community-based organizations (CBOs) to provide appropriate services across the continuum of care. Community partnerships may be formal or informal, financial or in-kind, new or a strengthening of an existing partnership

Partner Characteristics

Potential Community Partnerships will depend on the nature of the project, but may include: SNFs, home health agencies, ASAPs, office practices, community mental health centers, faith-based organizations, etc.

Key Characteristics

- Partners should be those entities with the most overlap with the hospital in caring for the target patient population (e.g., most common senders/receivers of patients)
- Partners should represent an opportunity for close collaboration between a CHART hospital and community providers caring for the patients it serves
- Partnerships should be established early to allow shared development of applications/intervention approaches

Partnership Examples

There are many examples in care delivery transformation models in which hospital-community collaboration is a critical factor (e.g., 3026 Community-based care transitions programs, STAAR, etc.)

Examples

- Referring post-treatment chemo patients to community-based chronic disease services
- Using community-based patient navigators to identify and support high-risk patients (hotspotting)
- Making pharmacists available at the worksite to provide employees with medication therapy management,
- Linking elder services with clinical care providers to enhance care transitions

Joint Hospital Proposals are strongly encouraged

CHART Hospital

Each CHART Hospital may participate in up to 2 proposals (up to one of each type below)

Joint Hospital Proposals

- Proposals with other CHART Hospitals (whether otherwise affiliated or non-affiliated)
- The Joint Hospital Proposal is intended to facilitate collaboration across both affiliated and non-affiliated CHART hospitals. Joint applications may be an opportunity to maximize impact of community oriented initiatives or achieve efficiency through coordinated acquisition of tools/trainings, etc.
- **Examples**
  - A regional collaborative approach to identification and management of high-risk, high-cost patients
  - A coordinated approach to Lean Management through a shared training and support model that optimizes impact through shared analytics capacity
  - A regional or statewide bulk-purchasing collaborative that optimize impact through scale
  - A statewide approach to telemedicine in low-access settings that optimizes impact

Hospital-Specific Proposals

- One hospital
- The Hospital-Specific Proposal allows an applicant to focus on unique needs of an individual institution, whether or not that hospital is also participating in a collaborative model.

The per-hospital cap on grants of $6M will be cumulative across both proposals

CHART Phase 2 requests and awards are capped at $6M per Hospital

- Applicants may apply for one Hospital-Specific Proposal, and one Joint Hospital Proposal, for a maximum of two CHART Phase 2 grants
- Joint Hospital Proposals may request CHART funding greater than $6M (distributed across hospitals), but no single Hospital may receive more than $6M in CHART award funding across all proposals

Example: acceptable proposal budget

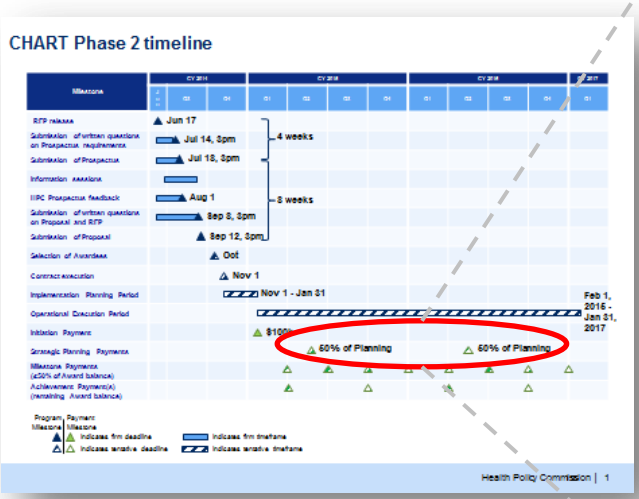
	Total Joint Hospital Initiative Request	Each Hospital's Portion of the Joint Hospital Request	Hospital-Specific Initiative Request	Total CHART Phase 2 Request
Hospital A	$9M	$2M	$1M	$3M
Hospital B		$3M	$3M	$6M
Hospital C		$4M	(Did Not Apply)	$4M

Example: unacceptable proposal budget

	Total Joint Hospital Initiative Request	Each Hospital's Portion of the Joint Hospital Request	Hospital-Specific Initiative Request	Total CHART Phase 2 Request
Hospital A	$9M	$7M	$1M	$8M
Hospital B		$2M	$5M	$7M
Hospital C	(Did Not Apply)	(Did Not Apply)	$7M	$7M

Source: HPC-CHART-002, Section II.C, pp. 19

Strategic Planning



"Applicants must propose efforts to engage in Strategic Planning to advance their ability to provide efficient, effective care and to meet community needs in an evolving health care environment...

Competitive Proposals will include Strategic Planning for bold and visionary objectives, including for example plans to shift (increase, decrease, or change) hospital service availability to meet community needs, developing community-based approaches to care, or developing models and partnerships to support accountability/bearing risk."

– Source: HPC-CHART-002, Section II.B, pp. 18-19

- Strategic Planning carried out during CHART Phase 2 may serve as the basis for future phases of the CHART Investment Program. The HPC's anticipated Community Hospital Study may also support Strategic Planning efforts (Attachment A, Exhibit 1).
- Awards for Strategic Planning initiatives will be disbursed in two equal parts: the first upon initiation, and the latter upon completion

Note: For Strategic Planning, Applicants should assume a 12-month planning period, capped at $250,000, for budget purposes

Core Activities – Learning, Improvement, and Diffusion

"Participate in a continuation of the executive leadership program (e.g., attendance at a series of events organized by HPC focused on achieving rapid, effective performance improvements). HPC may specify required participation by representatives of the Board of Directors, Executive Officers, Clinical Leadership, and Operational Leadership."

– HPC-CHART-002, Section I.E.4, p. 16

The CHART Executive Leadership Program aims to provide:

- Access to expert support and tools to enhance use of data from the management and leadership assessment as well as the culture survey to help drive improvement;
- Skill development related to change-management to support transformation in an era of rapidly evolving health reform
- A forum for ongoing engagement as the HPC develops future CHART Phases.

"Participate in periodic activities and meetings with HPC Staff, other Awardees, or content experts to provide updates, share lessons learned, develop skills, and receive feedback."

– HPC-CHART-002, Section I.E.4, p. 16

Engagement and collaboration activities are intended to:

- Facilitate communication between Awardees and the HPC
- Provide opportunities for resources in areas of mutual challenge for Awardees
- Enable best practice sharing within Awardee cohort

Core Activities – Learning, Improvement, and Diffusion

"Participate in a key performance indicator benchmarking program facilitated by the HPC."
– HPC-CHART-002, Section I.E.4, p. 16

- Phase 1 identified an opportunity for engaging in benchmarking of key performance indicators across CHART hospitals and reporting on such data to Awardees.
- Intended to facilitate adoption of best practices regarding use of data to drive improvement.
- The HPC anticipates that key performance data may include metrics describing: labor, supply/equipment infrastructure, financing, volume/utilization, as well as quality and safety. *A final list of metrics may be identified by the HPC in conjunction with Awardees during the Implementation Planning Period.*
- KPI benchmarking will, where possible, draw upon public data from sources such as CHIA, CMS, etc.

"Work with the HPC to complete a survey on patient safety or improvement culture with sufficient response rates as specified by the HPC at or near the end of the Period of Performance."
– HPC-CHART-002, Section I.E.4, p. 16

- With culture being a critical driver of patient safety, patient experience, and overall hospital performance, a culture of safety survey is a critical part of any transformation initiative
- Use of such a tool is intended to provide trending data for individual hospitals, as well as a strong signal from senior management that safety is the highest priority and culture is key

"Complete an HPC-provided leadership and management capability and capacity assessment tool with sufficient response rates as specified by the HPC at or near the end of the Period of Performance."
– HPC-CHART-002, Section I.E.4, p. 16

- Evidence suggests a significant association between managerial processes and clinical / financial performance
- Use of such a tool is intended to assess adoption of managerial best practices in order to develop hospital-level feedback for areas of improvement and opportunities for improvement activities in areas of cohort-wide need
- The HPC anticipates that such an assessment would require some level of participation of executive leadership, clinical leadership, operational leadership, and the Board of Directors, and would require 45 minutes or less of each participant's time

SOURCES: http://www.ahrq.gov/legacy/qual/patientsafetyculture/hospsurvindex.htm, http://www.hret.org/quality/projects/walkrounds-saq.shtml, http://www.hlqat.org/, http://worldmanagementsurvey.org

Core Activities – Mass HIway Participation

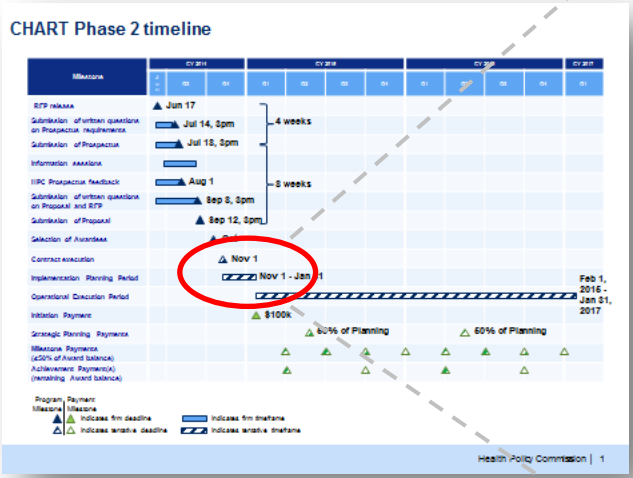
"Each Awardee will be responsible for joining and transacting patient information on the Mass HIway. Milestones for this core activity will vary by hospital according to their baseline connectivity."

– HPC-CHART-002, Section I.E.2, p. 13

- **Mass HIway Participation:** Awardees must begin or maintain participation in the Mass HIway. If the Applicant is not a Mass HIway participant at the time of Proposal submission, the Hospital must submit a plan with its Proposal that details how it will enroll as a Mass HIway Participant by March 31, 2015.
- **Direct Messaging Use Case:** Each Applicant must propose at least one Mass HIway use case using Direct Messaging functionality.
- **Contribution of Encounter Data to the Relationship Listing Service:** Each Applicant must state their commitment to actively contribute encounter data to the Mass HIway Relationship Listing Service in a timeframe to be specified in the Implementation Plan.

SOURCE: http://mehi.masstech.org/health-information-exchange-0/mass-hiway

Implementation Planning Period



"Upon Contract execution, a 90-day **Implementation Planning Period** will begin, during which each Awardee will develop a detailed Implementation Plan to guide CHART Phase 2 implementation. During the Implementation Planning Period, the HPC may in its discretion provide technical assistance to Awardees on topics such as project planning, metric development and selection, goal setting, staffing, analytics, and approaches to transformation. At the end of the Implementation Planning Period, each Awardee will submit to the HPC for review and approval a proposed Implementation Plan…

Approval of the Implementation Plan by the HPC will constitute sufficient progress for the first milestone payment, described above. See **Attachment D** for additional details."

– Source: HPC-CHART-002, Section II.B, pp. 18-19

The culmination of the Implementation Planning Period will be finalized versions of:

- Detailed work plan
- Staffing plan
- Budget
- Metric selection and reporting plan
- Milestone and achievement payment targets and installment schedule

CHART Phase 2 award disbursement model

Funding model	▪ **Initiation** payment; ongoing base payments for **milestones**; segment of payments for **achievement** (e.g., process and outcomes)
Award caps	▪ Hospitals may apply for **up to $6M** ▪ Hospital-specific awards tied to factors such as **community need, hospital financial status, financial impact, and patient impact** ▪ Hospitals may apply for **up to $100,000** over two years to support meeting **HIway implementation requirements** ▪ Hospitals may apply for up to **$250,000** to support **Strategic Planning requirements**. – Scope expectations will be commensurate with award size
Initiation Payment	▪ Hospitals will receive a **flat $100,000 initiation payment** at the time of contract execution for the 90 Implementation Planning Period
Strategy Payment	▪ Hospitals will receive strategic planning payments in **two lump sums,** 50% upon initiation of planning and 50% upon completion
Gate Payments	▪ **At least 50% of the balance** of each hospital's award will be segmented equally for quarterly milestone based **'gate' payments**
Achievement Payments	▪ **Up to 50% of the balance of each hospital's award** will be segmented equally for biennial **achievement payments** (processes and outcomes); **level of risk will vary with size and impact of award**

More Information: See Attachment A Exhibit 1 on the HPC Website

Alignment with investments across agencies and programs

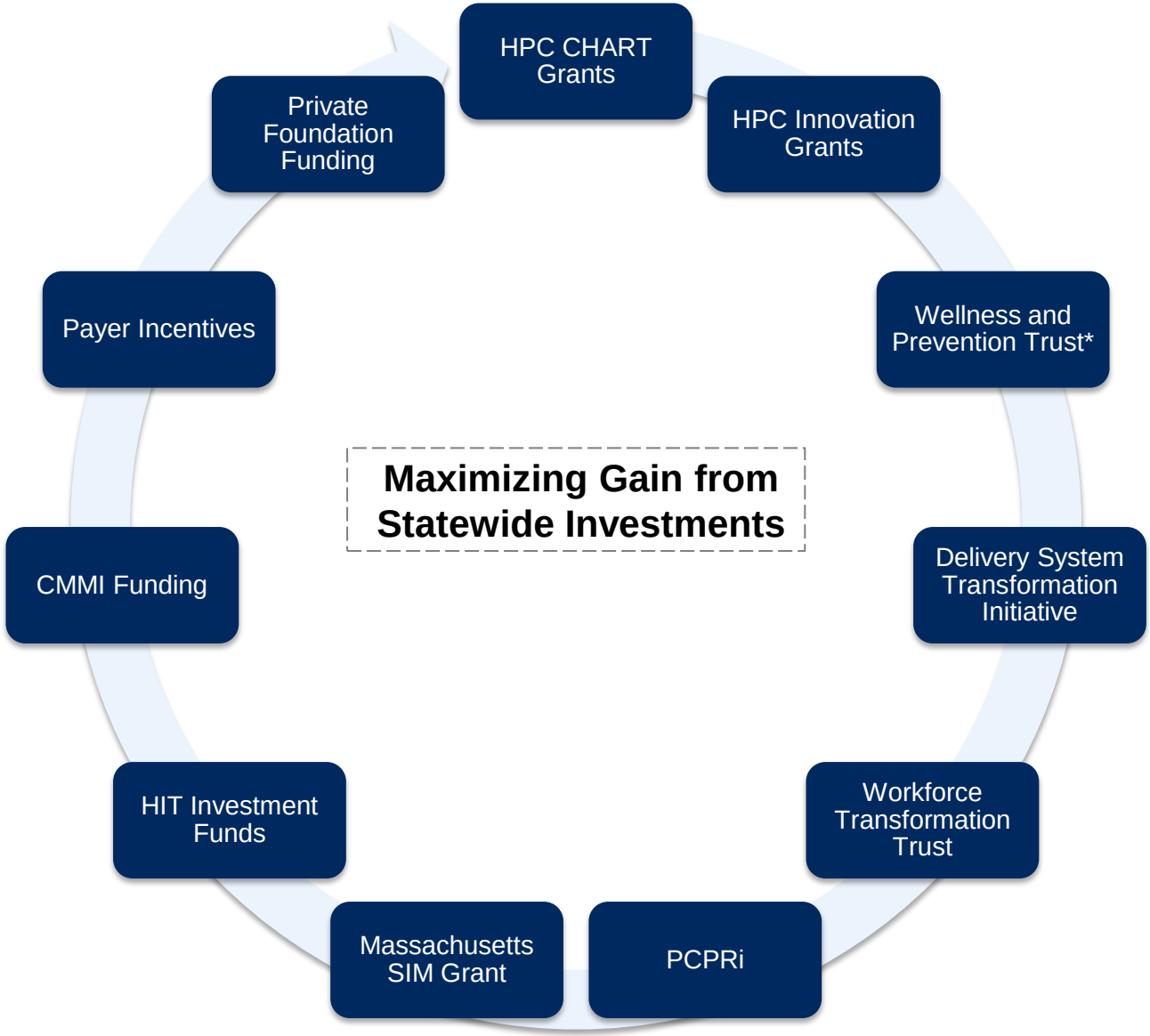
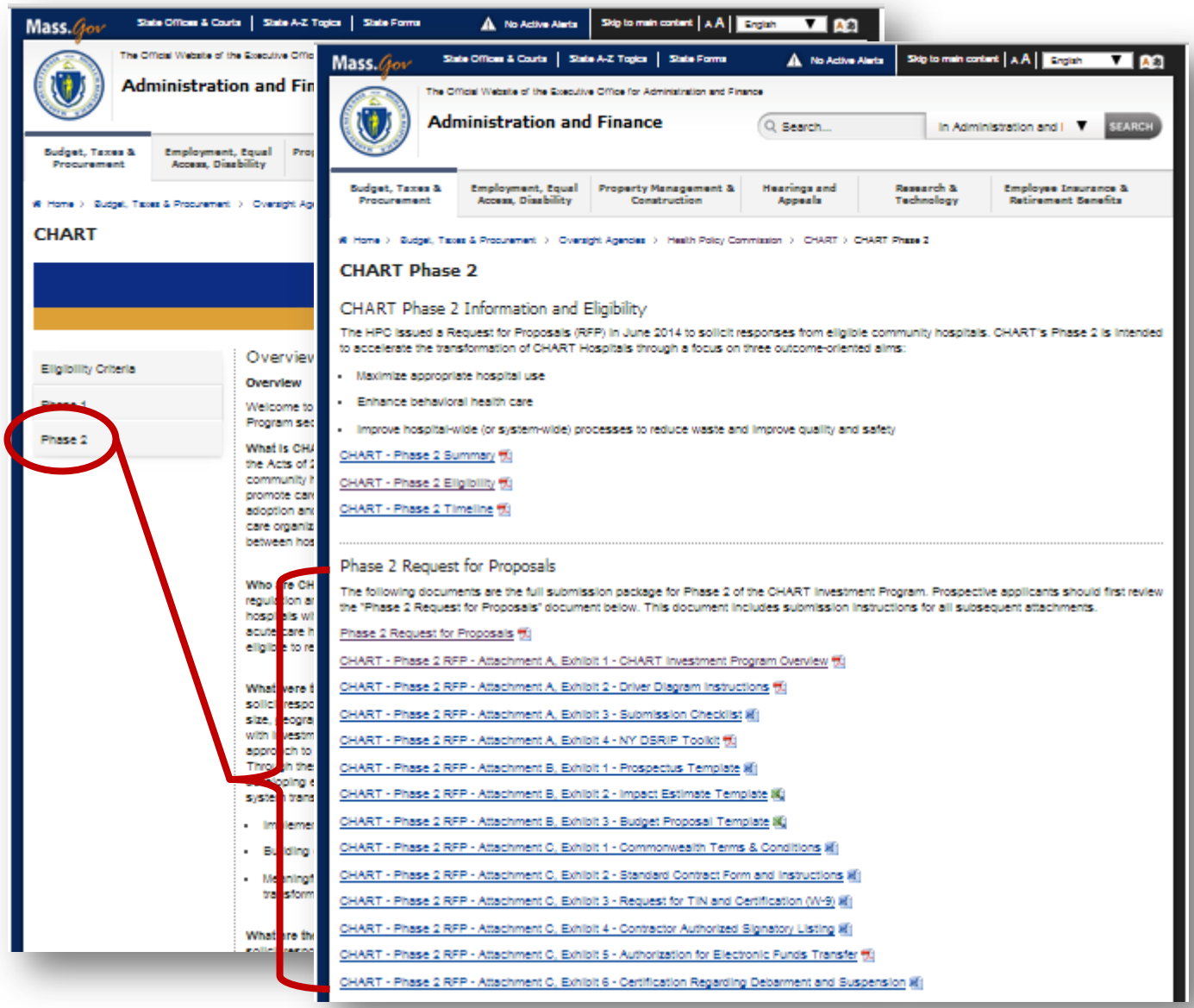


CHART Phase 2 RFP Materials



Source: http://www.mass.gov/hpc/chart

Framework for Phase 2 application process

The application process will occur in two steps, a short prospectus followed by a full proposal

Prospectus

The prospectus is intended to a be a brief (7 pages maximum), directional and non-binding proposal giving the HPC insight into the applicant's proposed intervention, and allowing early feedback.

Key Elements (See Template B Exhibit 1)

- Selected Primary Aim(s): *appropriate hospital use, behavioral health, process improvement*
- A description of nature and size of target population(s)
- A description of nature and scope of proposed intervention(s)
- A description of proposed partners
- An estimate of investment request and an estimate of net impact

Full Proposal

The full proposal will include expanded details described in the prospectus, as well as select additional information.

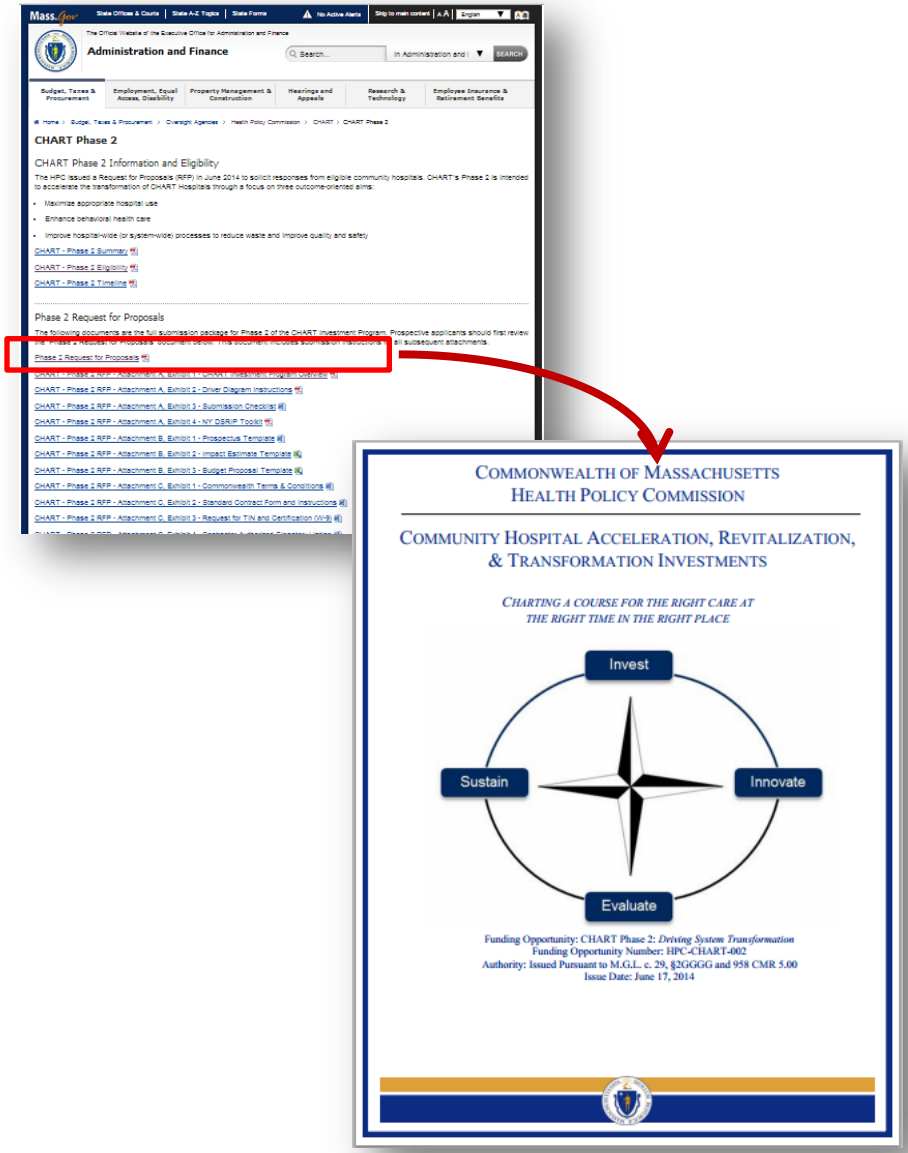
Key Elements

- Qualitative and/or quantitative description of community or organizational need for intervention
- Description of target population, including numbers of patients, utilization patterns
- Description of intervention(s) for each aim and target population, estimated impact of strategy and a driver diagram describing the relation of interventions to aim (s)
- Impact/investment template with narrative detail

HPC review and standardized unilateral feedback

Source: HPC-CHART-002, Section V.D, pp. 34-35

CHART Phase 2 RFP Materials – Request For Proposal

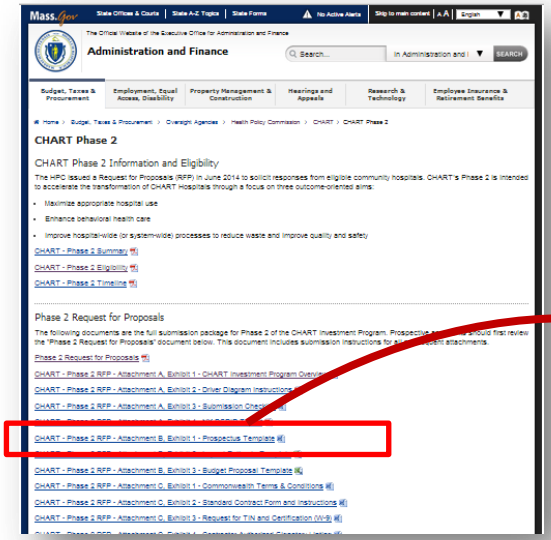


Phase 2 Request for Proposals

- **Section I:** Funding Opportunity Description
- **Section II:** Award Information
- **Section III:** Eligibility Information
- **Section IV:** Prospectus and Proposal Response Requirements
- **Section V:** Prospectus Review & Feedback, and Proposal Review, Selection, and Award Process
- **Section VI:** Timeline
- **Section VII:** Additional Terms and Details

Source: http://www.mass.gov/hpc/chart

Submission instructions - Prospectus



Please respond in the gray table under each question or check the relevant checkbox(es). The Prospectus submission should be less than seven (7) pages total, single-spaced, in Times New Roman 11 point font.

1. **CHART Hospital Name(s)** – List the name(s) of the submitting CHART Hospital(s). For a Joint Hospital Proposal, list all CHART Hospitals participating in the Proposal. Do not list names of non-CHART Hospitals that might participate in a proposed Initiative(s) here.

2. **Investment Director(s)** – ***A clinical and an operational Investment Director must be identified.*** For each Investment Director, provide name, organization, title, brief description of role and qualifications, and complete contact information, including administrative assistant contact, if applicable.

3. **Executive Summary** – Briefly summarize the proposed Initiative(s).

4. **Primary Aim(s)** – Select one or more that the Initiative(s) will address:
   a. ☐ Maximize Appropriate Hospital Utilization
   b. ☐ Enhance Behavioral Health Care
   c. ☐ Improve Hospital-wide or System-wide Processes to Reduce Waste and Improve Quality and Safety

5. **Aim Statement** – Describe in a single sentence the overarching Aim Statement of the Initiative(s), including "what (the measureable Aim), by when, how much, and for whom (which population)."

6. **Community, Safety or Hospital Efficiency need(s) this project will address** – Briefly summarize identified needs to be addressed by proposed Initiative(s).

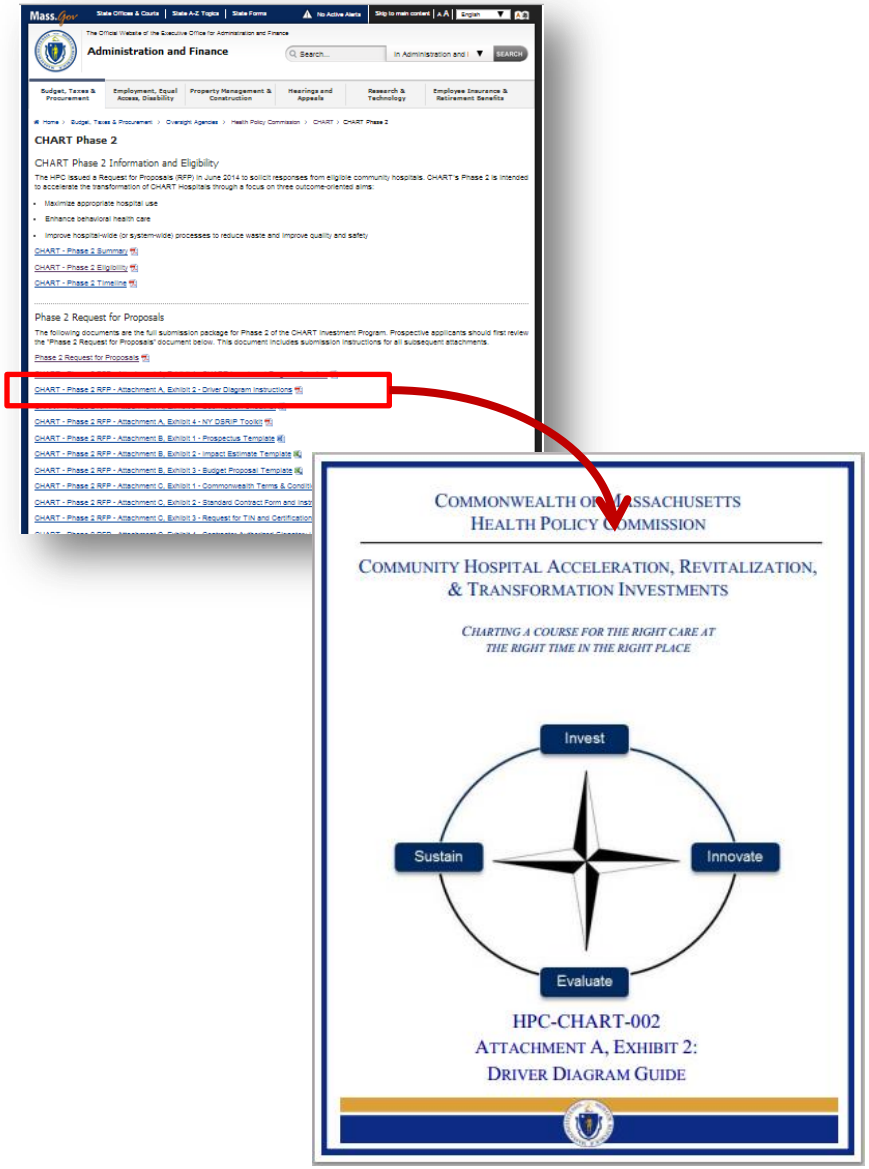
"For the **Prospectus**, Applicants must submit **one (1)** electronic copy of all materials by electronic mail to:

Margaret D. Senese
Program Manager for Strategic Investment
Health Policy Commission
HPC-CHART@state.ma.us

Prospectus responses must be received by the HPC in full at the above email address **no later than 3:00 PM on July 18, 2014**, (**Section IV.A**)."

– Source: HPC-CHART-002, Section IV.A, pp. 21

CHART Phase 2 RFP Materials – Driver Diagram Guide

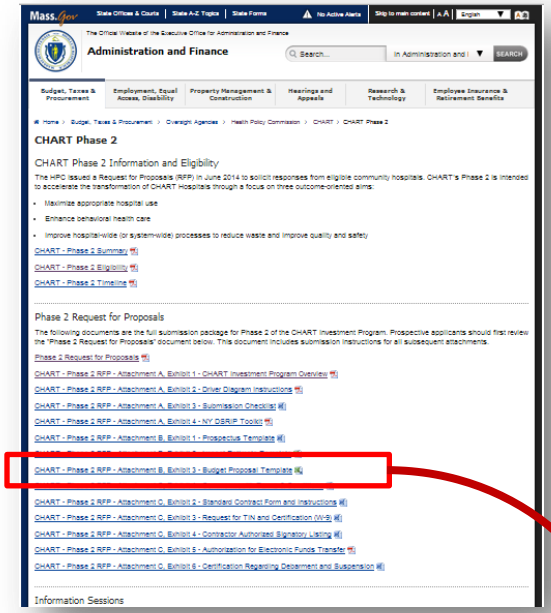


Attachment A, Exhibit 2: Driver Diagram Guide

- Attachment A, Exhibit 2 is a short guide to creating a Driver Diagram, for your reference only; no template is provided
- A Driver Diagram is a simple cause-and-effect diagram that represents hypotheses about what actions and activities will lead to a initiative goal
- There are many references available for Driver Diagrams, and the Applicants may use other resources as is helpful
- The July 24 webinar will provide additional information on creating an effective Driver Diagram.

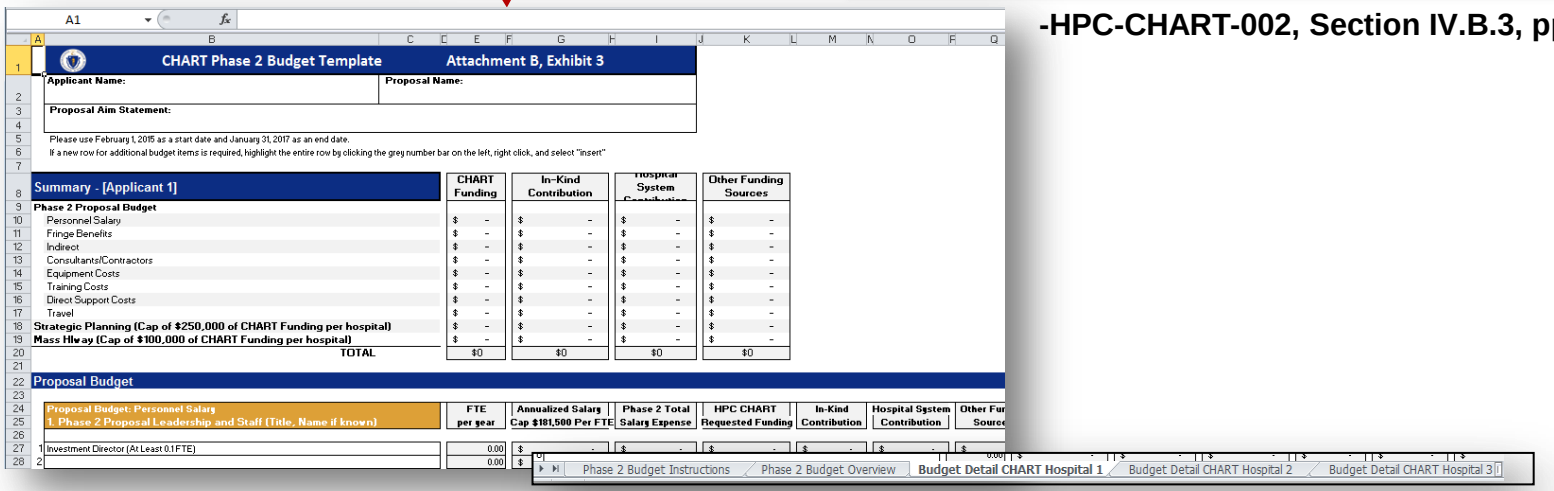
Source: http://www.mass.gov/hpc/chart

CHART Phase 2 RFP Materials – Budget Template



Attachment B, Exhibit 3: Budget Response

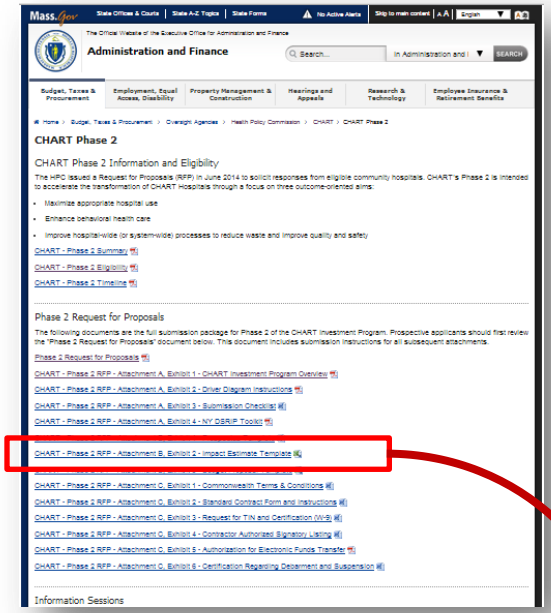
- Applicants must complete the Budget Template provided in Attachment B, Exhibit 3, indicating the funding requested for the Proposal using February 1, 2015 as a start date and January 31, 2017 as an end date for the Initiative(s).
- A Budget Template must be completed for each Community Partner, CHART Hospital, or non-CHART eligible hospital for which funding is requested in a Proposal.
- Applicants must provide a budget narrative including a detailed cost breakdown for each line item outlined in Attachment B, Exhibit 3.
- Health systems with one or more Teaching Hospitals are required to provide contributions to support initiative implementation in their community hospitals



-HPC-CHART-002, Section IV.B.3, pp. 28-30

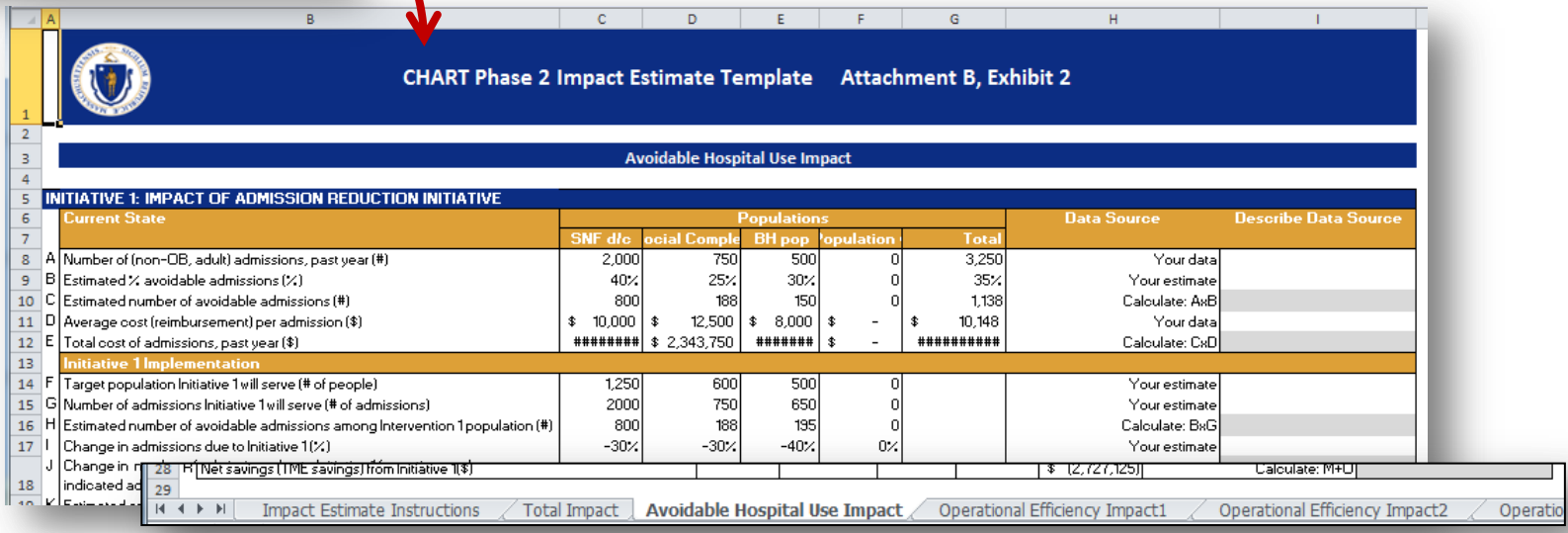
Source: http://www.mass.gov/hpc/chart

CHART Phase 2 RFP Materials – Impact Estimate Template



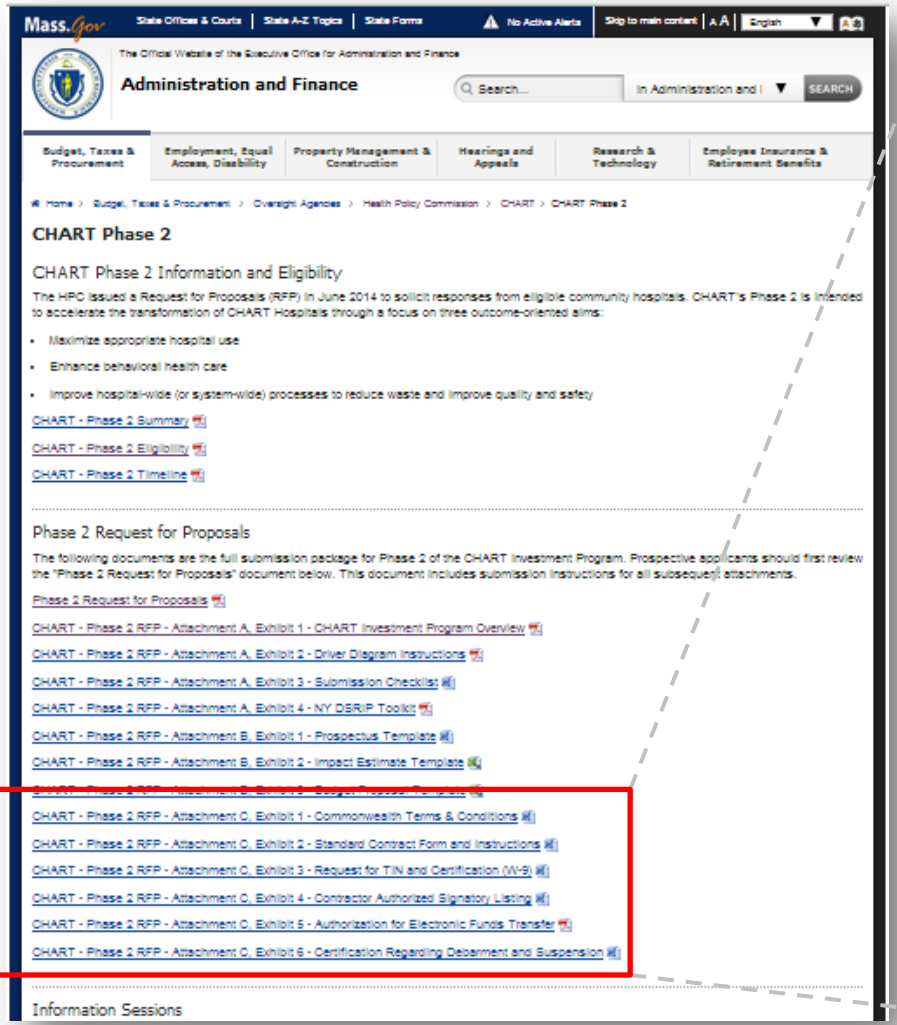
Attachment B, Exhibit 2: Impact Estimate Template

- Applicants must describe and estimate how the Initiative(s) will result in a net reduction in health care or social costs
- Applicants must develop Proposals so that expected outcomes and cost savings (or efficiency gains) can be quantified
- **More guidance on using the Impact Estimate Template will be provided at the August 5 webinar (see slide 40 for more information on info sessions)**



Source: http://www.mass.gov/hpc/chart

CHART Phase 2 RFP Materials – Mandatory Forms and Certifications



Attachment C, Exhibits 1-6: Mandatory Contracting Forms and Certifications

- **Exhibit 1:** Commonwealth Terms and Conditions
- **Exhibit 2:** Commonwealth of Massachusetts Standard Contract Form and Instructions
- **Exhibit 3:** Request for Taxation Identification Number and Certification (W-9)
- **Exhibit 4**: Contractor Authorized Signatory Listing
- **Exhibit 5:** Authorization for Electronic Funds Transfer
- **Exhibit 6:** Certification Regarding Debarment and Suspension

Source: http://www.mass.gov/hpc/chart

CHART Phase 2 RFP Materials – Submission Checklist is a helpful tool for preparing and submitting Proposals and is not submitted to the HPC

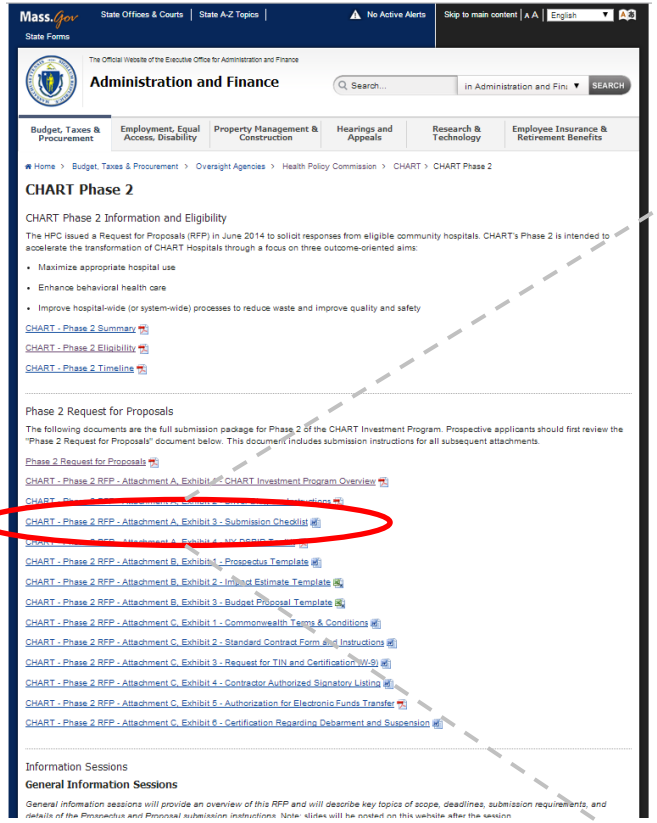


CHART Phase 2 RFP – Attachment A, Exhibit 3

For Applicant Use Only – Do Not Submit to HPC

CHART Phase 2 Submission Checklists

Proposals will be considered incomplete and **will not be accepted if one or more** of the following items (excluding optional or Pathway-specific requirements) are omitted in the submission.

Full Application Checklist – Hospital-Specific Proposal

Due July 18, 2014, 3:00P.M:

☐ Prospectus, submitted electronically to HPC-CHART@state.ma.us

Due September 12, 2014, 3:00P.M (electronic); September 18, 2014, 3:00P.M (hard copy):

☐ Proposal (one [1] paper & one [1] electronic copy), including:
☐ Authorizing Cover Letter (signed by President, CEO, or Board Chair)
☐ Operational Response, including:
- Abstract
- Aim Statement
- Community Partnership(s)
- Community, Safety or Hospital Efficiency Need(s)
- Driver Diagram
- Expected Impact of Initiative
- Enabling Technologies, including:
  - Mass HIway participation
- Hospital Partnership(s)
- Initiative(s)
- Organizational, Clinical, and Operational Leadership
- Regulatory Barriers (as applicable)
- Staffing Model (narrative), including Investment Director resumes
- Strategic Planning
- Target Population

☐ Financial Response, including:
- Completed Budget Proposal Template
- Budget Narrative

☐ Impact Estimate, with accompanying narrative describing data sources and modifications to the template
☐ Metric Identification
☐ Mandatory Forms and Certifications, including:
- Commonwealth Terms & Conditions
- Commonwealth of Massachusetts Standard Contract Form
- Request for Taxpayer Identification Number and Certification (W-9)
- Contractor Authorized Signatory Listing (must be notarized)
- Authorization for Electronic Funds Transfer Form
- Certification Regarding Debarment and Suspension

☐ System contribution is included for Applicants owned by a system with a Major Teaching Hospital
☐ Authorizing Cover Letter and all Mandatory Forms and Certifications are originals wet-signed in ink (hard copy submission only)
☐ Authorizing Cover Letter and all Mandatory Forms and Certifications are signed by authorized signatories listed on the Contractor Authorized Signatory Listing form
☐ Applicant funding requests are no greater than $6M, total, per Hospital, across all Proposals
☐ All hardcopy materials adhere to environmental guidelines to the extent possible

Submission instructions – Proposal

For each Hospital-Specific Proposal, the Applicant must submit **one (1)** original paper copy of the Proposal, including an authorizing cover letter, Operational Response (including Driver Diagram(s) as described in **Attachment A, Exhibit 2**), Financial Response, and all signed Mandatory Forms and Certification documents.

For each Joint Hospital Proposal, the Applicant CHART Hospitals must jointly submit **one (1)** original paper copy of the joint Proposal, including a joint Operational Response (including Driver Diagram(s) as described in **Attachment A, Exhibit 2**) and a joint Financial Response. The Applicant CHART Hospitals may submit either a joint authorizing cover letter signed by each Applicant CHART Hospital, *or* separate authorizing cover letters submitted by each Applicant CHART Hospital.

Complete electronic Proposals must be submitted following the HPC's online submission instructions to be posted at www.mass.gov/hpc/chart and received by the HPC **no later than 3:00 PM** on **September 12, 2014**, (**Section IV.B**). Complete hardcopy responses (see **Attachment A, Exhibit 3)** must be submitted and received **no later than 3:00 PM** on **September 18, 2014** addressed to:

Margaret D. Senese
Program Manager for Strategic Investment
Health Policy Commission
2 Boylston Street, 6th floor
Boston, MA 02116
(617) 979-1400

Source: HPC-CHART-002, Section IV.B, pp. 23-25

Key dates

	DESCRIPTION	DATE
1	RFP released	June 17, 2014
2	**Deadline for receipt of written questions on Prospectus requirements**	**July 14, 2014 by 3pm**
3	**Deadline for submission of Prospectus**	**July 18, 2014 by 3pm**
4	**Information Sessions**	**June – August, 2014** (see **Section V.C**)
5	HPC Prospectus feedback *(anticipated)*	August 1, 2014
6	**Deadline for receipt of written questions on Proposal and RFP**	**September 8, 2014 by 3pm**
7	**Deadline for submission of Proposal**	**September 12, 2014 by 3pm**
8	Awardees selected *(anticipated)*	October 2014
9	Projected Contract execution *(anticipated)*	November 1, 2014
10	Implementation Planning Period *(anticipated)*	November 1, 2014 – January 31, 2015
11	Operational Execution Period *(anticipated)*	February 1, 2015 – January 31, 2017

Source: HPC-CHART-002, Section VI, p. 38

CHART Phase 2 – Review and Selection

Criteria for Evaluation (100 points)	
Impact of the Proposal	30 points
Community need and engagement	25 points
Hospital financial status and operational capacity	25 points
Budget Proposal	20 points

Relevant Factors

- Measurable community/patient impact;
- Alignment of the Proposal with the Primary Aim(s)
- Extent of potential for supporting future transformation activities in the Commonwealth (innovation and scalability)
- Alignment and synergy with ongoing investments in the Commonwealth
- Applicant's Impact Estimate of the Proposal

Source: HPC-CHART-002, Section V.E, pp. 36-37

CHART Phase 2 – Review and Selection

Criteria for Evaluation (100 points)	
Impact of the Proposal	30 points
Community need and engagement	25 points
Hospital financial status and operational capacity	25 points
Budget Proposal	20 points

Relevant Factors

- Extent to which the Proposal meets an identified community/population need
- Relative community need (financial, socioeconomic, and health status)

Source: HPC-CHART-002, Section V.E, pp. 36-37

CHART Phase 2 – Review and Selection

Criteria for Evaluation (100 points)	
Impact of the Proposal	30 points
Community need and engagement	25 points
Hospital financial status and operational capacity	**25 points**
Budget Proposal	20 points

Relevant Factors

- Applicant's financial health and payer mix, access to resources, and level of system contribution, if applicable
- Hospital Phase 1 performance, if applicable
- Leadership and management (clinical and operational) engagement and capability

Source: HPC-CHART-002, Section V.E, pp. 36-37

CHART Phase 2 – Review and Selection

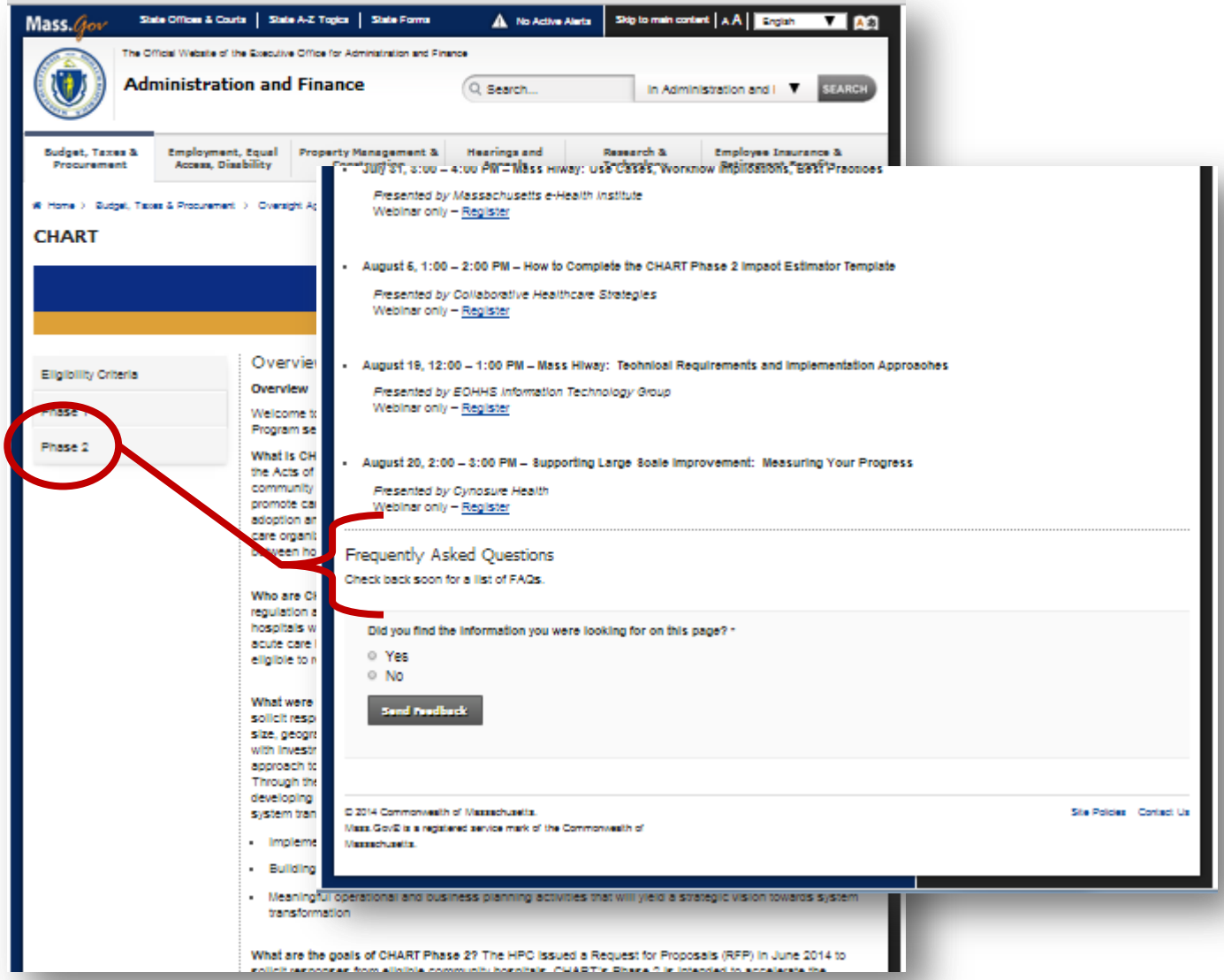
Criteria for Evaluation (100 points)	
Impact of the Proposal	30 points
Community need and engagement	25 points
Hospital financial status and operational capacity	25 points
Budget Proposal	20 points

Relevant Factors

- Cost efficiency of the proposed budget
- Appropriateness and sufficiency of the proposed budget
- Potential for sustainability

Source: HPC-CHART-002, Section V.E, pp. 36-37

CHART Phase 2 FAQs will be posted on a rolling basis



Source: http://www.mass.gov/hpc/chart

Information Sessions

	Session Topic	Presenter
June 25 9:30 – 11:00AM	Phase 2 RFP: General Information	Health Policy Commission
June 30 2:00 – 3:00PM	General Principles and Approaches to Large Scale Improvement: How to Begin	Cynosure Health
July 9 10:00-11:00AM	Substance Use Disorder Treatment: Innovative Ideas for Hospitals	Bailit Health Purchasing (On behalf of DPH BSAS)
July 10 1:30 – 3:00PM	Phase 2 RFP: General Information	Health Policy Commission
July 24 2:00 – 3:00PM	Advancing Large Scale Improvement: What to Do and When to Do It	Cynosure Health
July 31 3:00 – 4:00PM	Mass HIway: Use Cases, Workflow Implications, Best Practices	Massachusetts e-Health Institute
August 5 1:00 – 2:00PM	How to Complete the CHART Phase 2 Impact Estimator Template	Collaborative Healthcare Strategies
August 19 12:00 – 1:00PM	Mass HIway: Technical Requirements and Implementation Approaches	EOHHS Information Technology Group
August 20 2:00 – 3:00PM	Supporting Large Scale Improvement: Measuring Your Progress	Cynosure Health

Additional details about Information Sessions and webinars, including registration links and all summary materials, will be posted at http://www.mass.gov/hpc/CHART.

CHART Contact Information

For more information about CHART:

- Visit us: http://www.mass.gov/hpc/chart
- E-mail us: HPC-CHART@state.ma.us

HPC Contact Information

For more information about the Health Policy Commission:

- Visit us: http://www.mass.gov/hpc
- Follow us: @Mass_HPC
- E-mail us: HPC-Info@state.ma.us